

**CIVIL SERVICE COMMISSION
EMPLOYEE BENEFITS DIVISION
FY 2014-2015 GROUP INSURANCE PREMIUM RATES
RETIREMENT - MONTHLY RATES
EFFECTIVE OCTOBER 1, 2014**

Rates apply to retirees under the State's Defined Benefit Retirement Plan and to those who converted from the Defined Benefit Plan to the Defined Contribution plan.

Please note: Retirees or dependents enrolled in Medicare who wish to enroll in an HMO Medicare Advantage (MA) plan, please review the corresponding HMO coverage maps to determine eligibility by visiting www.mi.gov/employeebenefits then select "Retiree Information" from the right hand menu.

Retirees' State Health Plan - Blue Cross Blue Shield PPO				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Without Medicare				
Self	\$ 146.88	\$ 587.50	\$ 734.38	\$ 749.07
Self and Spouse	\$ 293.75	\$ 1,175.00	\$ 1,468.75	\$ 1,498.13
Self and Child(ren)	\$ 185.01	\$ 740.04	\$ 925.05	\$ 943.55
Self, Spouse and Child(ren)	\$ 340.05	\$ 1,360.20	\$ 1,700.25	\$ 1,734.26
With Medicare (Parts A & B)				
Self	\$ -	\$ 385.05	\$ 385.05	\$ 392.75
Self and Spouse	\$ -	\$ 770.12	\$ 770.12	\$ 785.52
Self and Child(ren)	\$ -	\$ 575.74	\$ 575.74	\$ 587.25
Self, Spouse and Child(ren)	\$ -	\$ 1,001.65	\$ 1,001.65	\$ 1,021.68
One With Medicare and One Without Medicare				
Self W/O Medicare & Spouse W/Medicare or Self W/ Medicare & Spouse W/O Medicare	\$ -	\$ 1,119.43	\$ 1,119.43	\$ 1,141.82
Self W/O Medicare & Spouse W/Medicare & Child(ren) or Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ -	\$ 1,350.95	\$ 1,350.95	\$ 1,377.97

Retirees' State Dental Plan				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Self	\$ 4.37	\$ 39.28	\$ 43.65	\$ 44.52
Self and Spouse	\$ 7.95	\$ 71.59	\$ 79.54	\$ 81.13
Self and Child(ren)	\$ 9.72	\$ 87.44	\$ 97.16	\$ 99.10
Self, Spouse and Child(ren)	\$ 13.31	\$ 119.75	\$ 133.06	\$ 135.72

Retirees' State Vision Plan				
	Retiree Share	State Share	MONTHLY TOTAL	Retiree Monthly COBRA
Self	\$ 0.64	\$ 5.73	\$ 6.37	\$ 6.50
Self and Spouse	\$ 1.04	\$ 9.32	\$ 10.36	\$ 10.57
Self and Child(ren)	\$ 1.45	\$ 13.04	\$ 14.49	\$ 14.78
Self, Spouse and Child(ren)	\$ 1.85	\$ 16.63	\$ 18.48	\$ 18.85

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Blue Care Network				
	Retiree	State	MONTHLY	Retiree Monthly
	Share	Share	TOTAL	COBRA
Without Medicare				
Self	\$ 367.44	\$ 587.50	\$ 954.94	\$ 974.04
Self and Spouse	\$ 734.88	\$ 1,175.00	\$ 1,909.88	\$ 1,948.08
Self and Child(ren)	\$ 463.18	\$ 740.04	\$ 1,203.22	\$ 1,227.28
Self, Spouse and Child(ren)	\$ 855.26	\$ 1,360.20	\$ 2,215.46	\$ 2,259.77
With Medicare (Parts A & B)				
Self	\$ 40.21	\$ 227.87	\$ 268.08	\$ 273.44
Self and Spouse	\$ 80.42	\$ 455.74	\$ 536.16	\$ 546.88
Self and Child(ren)	\$ 77.45	\$ 438.91	\$ 516.36	\$ 526.69
Self, Spouse and Child(ren)	\$ 117.67	\$ 666.77	\$ 784.44	\$ 800.13
One With Medicare and One Without Medicare				
Self W/O Medicare & Spouse W/Medicare or Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ 183.45	\$ 1,039.57	\$ 1,223.02	\$ 1,247.48
Self W/O Medicare & Spouse W/Medicare & Child(ren) or Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ 220.70	\$ 1,250.61	\$ 1,471.30	\$ 1,500.73

Health Alliance Plan				
	Retiree	State	MONTHLY	Retiree Monthly
	Share	Share	TOTAL	COBRA
Without Medicare				
Self	\$ 421.90	\$ 587.50	\$ 1,009.40	\$ 1,029.59
Self and Spouse	\$ 843.80	\$ 1,175.00	\$ 2,018.80	\$ 2,059.18
Self and Child(ren)	\$ 531.83	\$ 740.04	\$ 1,271.87	\$ 1,297.31
Self, Spouse and Child(ren)	\$ 981.61	\$ 1,360.20	\$ 2,341.81	\$ 2,388.65
With Medicare (Parts A & B)				
Self	\$ 56.15	\$ 318.20	\$ 374.35	\$ 381.84
Self and Spouse	\$ 112.31	\$ 636.40	\$ 748.70	\$ 763.67
Self and Child(ren)	\$ 95.52	\$ 541.30	\$ 636.82	\$ 649.56
Self, Spouse and Child(ren)	\$ 151.68	\$ 859.49	\$ 1,011.17	\$ 1,031.39
One With Medicare and One Without Medicare				
Self W/O Medicare & Spouse W/Medicare or Self W/ Medicare & Spouse W/O Medicare	\$ 264.32	\$ 1,119.43	\$ 1,383.75	\$ 1,411.43
Self W/O Medicare & Spouse W/Medicare & Child(ren)	\$ 295.27	\$ 1,350.95	\$ 1,646.22	\$ 1,679.14
Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ 355.81	\$ 1,350.95	\$ 1,706.76	\$ 1,740.90

HealthPlus				
	Retiree	State	MONTHLY	Retiree Monthly
	Share	Share	TOTAL	COBRA
Without Medicare				
Self	\$ 393.28	\$ 587.50	\$ 980.78	\$ 1,000.40
Self and Spouse	\$ 786.56	\$ 1,175.00	\$ 1,961.56	\$ 2,000.79
Self and Child(ren)	\$ 495.74	\$ 740.04	\$ 1,235.78	\$ 1,260.50
Self, Spouse and Child(ren)	\$ 915.21	\$ 1,360.20	\$ 2,275.41	\$ 2,320.92
With Medicare (Parts A & B)				
Self	\$ 40.35	\$ 228.65	\$ 269.00	\$ 274.38
Self and Spouse	\$ 80.70	\$ 457.30	\$ 538.00	\$ 548.76
Self and Child(ren)	\$ 88.77	\$ 503.03	\$ 591.80	\$ 603.64
Self, Spouse and Child(ren)	\$ 129.12	\$ 731.68	\$ 860.80	\$ 878.02
One With Medicare and One Without Medicare				
Self W/O Medicare & Spouse W/Medicare or Self W/ Medicare & Spouse W/O Medicare	\$ 187.47	\$ 1,062.31	\$ 1,249.78	\$ 1,274.78
Self W/O Medicare & Spouse W/Medicare & Child(ren) or Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ 234.54	\$ 1,329.09	\$ 1,563.63	\$ 1,594.90

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	Retiree	State	MONTHLY	Retiree Monthly
	Share	Share	TOTAL	COBRA
<i>Without Medicare (This HMO is not available to retirees who are Medicare eligible or to retirees with Medicare-eligible dependents.)</i>				
Self	\$ 545.56	\$ 587.50	\$ 1,133.06	\$ 1,155.72
Self and Spouse	\$ 1,091.11	\$ 1,175.00	\$ 2,266.11	\$ 2,311.43
Self and Child(ren)	\$ 687.17	\$ 740.04	\$ 1,427.21	\$ 1,455.75
Self, Spouse and Child(ren)	\$ 1,263.17	\$ 1,360.20	\$ 2,623.37	\$ 2,675.84

Priority Health Plan				
	Retiree	State	MONTHLY	Retiree Monthly
	Share	Share	TOTAL	COBRA
<i>Without Medicare</i>				
Self	\$ 475.25	\$ 587.50	\$ 1,062.75	\$ 1,084.01
Self and Spouse	\$ 948.37	\$ 1,175.00	\$ 2,123.37	\$ 2,165.84
Self and Child(ren)	\$ 597.64	\$ 740.04	\$ 1,337.68	\$ 1,364.43
Self, Spouse and Child(ren)	\$ 1,102.83	\$ 1,360.20	\$ 2,463.03	\$ 2,512.29
<i>With Medicare (Parts A & B)</i>				
Self	\$ 185.00	\$ 385.05	\$ 570.05	\$ 581.45
Self and Spouse	\$ 369.98	\$ 770.12	\$ 1,140.10	\$ 1,162.90
Self and Child(ren)	\$ 463.15	\$ 575.74	\$ 1,038.89	\$ 1,059.67
Self, Spouse and Child(ren)	\$ 607.29	\$ 1,001.65	\$ 1,608.94	\$ 1,641.12
<i>One With Medicare and One Without Medicare</i>				
Self W/O Medicare & Spouse W/Medicare or Self W/ Medicare & Spouse W/O Medicare	\$ 189.91	\$ 1,076.13	\$ 1,266.04	\$ 1,291.36
Self W/O Medicare & Spouse W/Medicare & Child(ren) or Self W/ Medicare & Spouse W/O Medicare & Child(ren)	\$ 383.93	\$ 1,350.95	\$ 1,734.88	\$ 1,769.58